

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: M 64
L.S. Elevation: _____
E-Long #: _____

County: TATE
Permit #: _____
Driller: Bob Smoot
Date drilling complet: 3-17-12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Joe Whitefield</u>	Latitude: <u>34-33-51</u> Longitude: <u>89-55-42</u>
Mailing Address: <u>1013 COMPTON</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SEARADIA MS 38668</u>	SE 1/4 NW 1/4 Sec <u>15</u> Twn <u>T6S</u> Rng <u>R2W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. (404) <u>444-7020</u>	<u>5</u> Miles <u>S/E</u> of <u>SEARADIA</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>3-19-12</u> Date well drilling completed: <u>3-19-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>65</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-19-12</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>160</u> Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 THOUS.</u> inches Setting depth: From <u>150</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <u>Gravel pack</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>Bob Smoot</u> <u>0-645</u>	<u>[Signature]</u> <u>APR 16 2012</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

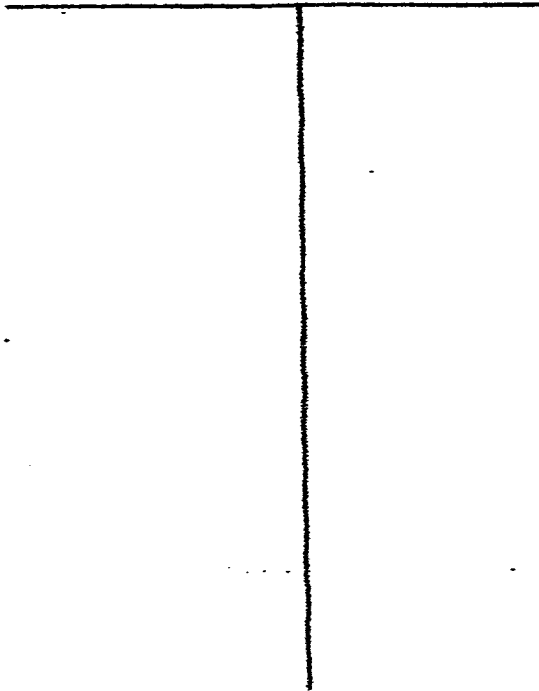
RECEIVED

APR 16 2012

BY: OLWR

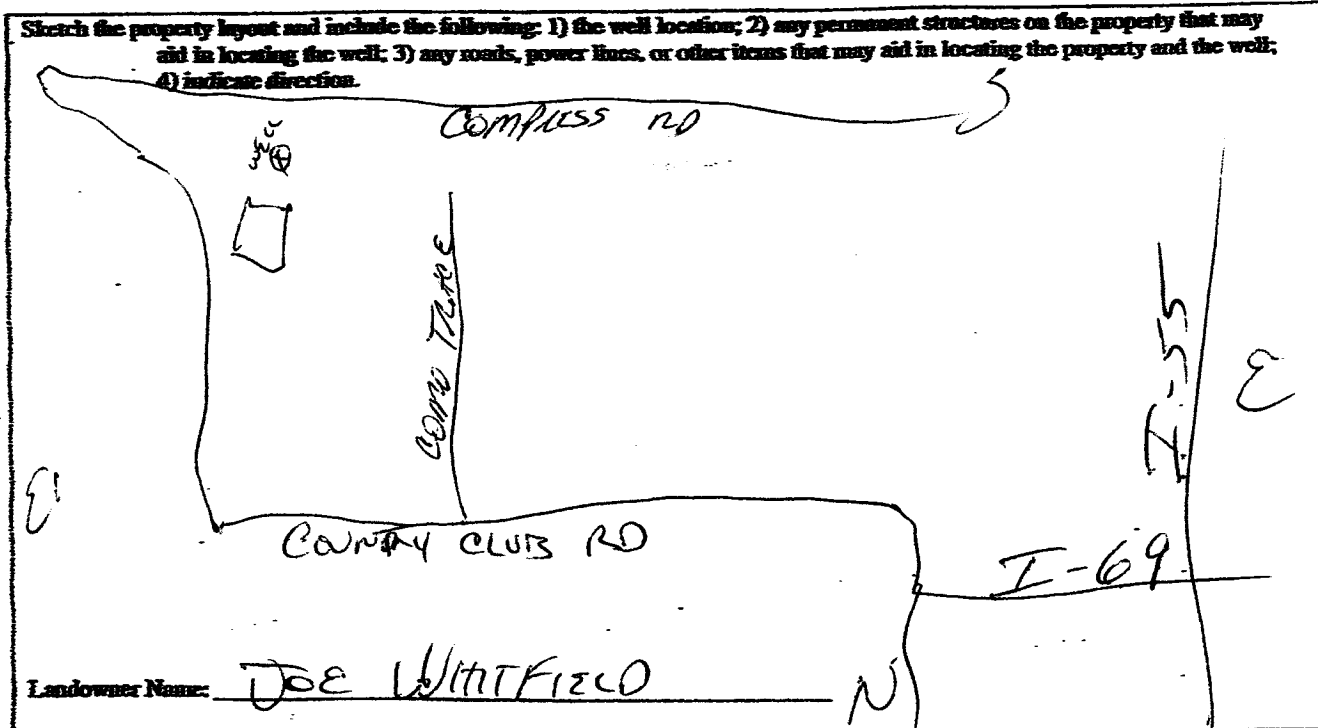
M64

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	20
YELLOWISH CLAY	20	40
GRAVEL	40	55
WHITE CLAY	55	126
WHITE SAND	126	16

If more than one screen, show location of each on sketch



[Handwritten Signature]
 Signature of Water Well Contractor

RECEIVED
 APR 16 2012
 BY: OLWR

State Well Report

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: M64

Elevation: _____

County: <u>TRE</u>
Permit #: _____
Driller: <u>Bob Smith</u>
Date completed: <u>3-19-12</u>

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JOE WHITEFIELD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1013 COMO TRACE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>SENATOA, MS 38668</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 11-15 Twn 7-65 Rng 17W</u>
Telephone No. <u>(901) 494-7020</u>	Distance _____ miles Direction <u>S/E</u> Nearest Town <u>SENATOA</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>3-19-12</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>3-19-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>65</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown((B)-(A)): _____ feet below Land Surface	Well yielded <u>25</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Bob Smith 0645</u>	
Print Name of Pump Installer and License No.	Signature of Pump Installer

RECEIVED

APR 16 2012

BY: OLWR